

# OPEN ENROLLMENT & ELIGIBILITY INFORMATION

Administered by the Health Care and Benefits Division  
1-800-287-8266 or 444-7462 • [www.benefits.mt.gov](http://www.benefits.mt.gov)

## OPEN ENROLLMENT

Open Enrollment is a limited opportunity for members to add dependents to their 2008 medical plan during this Annual Change period beginning September 11 through October 22, 2007.

## WHO IS ELIGIBLE?

Active employees are eligible to add dependents to the medical plan during this Annual Change period. **Retirees are not eligible to add dependents during Annual Change.**

## ENROLLING DEPENDENTS

To add dependents to the medical plan using your *Individual Benefits Statement*, check the "add" box in the **Member & Dependent Information** section of your Individual Benefits Statement and write in "M" in the **Coverage** column. Additionally, complete the Birthdate, Relationship, and Social Security Number sections with the appropriate information.

Dependents can also be added on-line as described on page 5.

The deadline to add dependents to your medical plan and to make all other plan changes for 2008 is **October 22, 2007**.

Dependents added during this period will be effective January 1, 2008 and are subject to all pre-existing condition waiting periods as defined in the Summary Plan Document (available online at [www.benefits.mt.gov](http://www.benefits.mt.gov)).

## DECLARING DEPENDENT'S TAX STATUS

A *Declaration of Tax Status* form will be sent to all employees who have added dependents added on to medical, dental, or vision during the Annual Change period. This form must be completed and returned immediately to apply the appropriate tax treatment to your dependents. Failure to return the form will result in dependents being defaulted to a non-qualified status. For more information, check out the Declaration of Tax Status page on the Health Care and Benefits website at [www.benefits.mt.gov](http://www.benefits.mt.gov).

## DELETING DEPENDENTS

You may also delete dependent coverage during this period by checking the "delete" box on the line next to the dependent you wish to delete on your *Individual Benefits Statement* on on-line as described on page 5.

Once a dependent is removed from the plan, they may not be re-enrolled without a qualifying event (described on this page).

The deadline to delete dependents to your medical plan and to make all other plan changes for 2008 is **October 22, 2007**.

## ENROLLING DEPENDENTS AFTER ANNUAL CHANGE

After the Annual Change period, dependent coverage enrollment is only allowed during these circumstances (referred to as qualifying events):

- within 63 days of becoming a dependent (through marriage, or court-ordered support/custody/legal guardianship);
- within 63 days of losing eligibility (not cancellation) for other group coverage;
- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.
- within 63 days after the 31-day automatic coverage period after birth or adoption. This new 94 day enrollment period begins 1/1/08.

Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.

If you have questions regarding your specific information, please call us at the number above our check out the rules described in the Summary Plan Document available on-line at [www.benefits.mt.gov](http://www.benefits.mt.gov).

## 2008 PLAN YEAR DEFINITION OF ELIGIBLE DEPENDENTS

Eligible dependents include:

1. The eligible employee's lawful spouse or declared domestic partner. (Declaration of Domestic Partnership forms may be found on the Health Care and Benefits Division website at [www.benefits.mt.gov](http://www.benefits.mt.gov))
2. The eligible employee's dependent children who are under age 25, unmarried, and not in full-time active military service.

It is the responsibility of the member to remove any dependents who cease to be eligible. Failure to do so will result in the member being held responsible for repayment of any claims dollars paid out for ineligible dependents.

## QUESTIONS?

There are many ways to contact the Health Care and Benefits Division:  
Email: [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)  
Web: [www.benefits.mt.gov](http://www.benefits.mt.gov)  
Phone: 1-800-287-8266 or 444-7462 in Helena.